

# CLAIMS ONLY

Application Number

10/768293

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/			
2	/	/	/	/		
3		/		/		
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49	/		/			
50		/		/		
Total Indep						
Total Depend						
Total Claims						

  

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	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep	20		20			
Total Depend	40		40			
Total Claims	60		60			